



Maryland Association of Pupil Personnel Life Achievement Scholarship Award Application 2024

Please type or print clearly:

Student Information:

Full Name: _____
 Last First Middle

Address: _____

Phone: _____

Date of Birth: _____ Social Security Number: _____

Parent/Guardian Information:

Name: _____

Address (if different from above): _____

Phone: _____

List Sibling Information:

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

High School Information:

School: _____

Maryland County: _____

Address: _____

Phone: _____

Counselor's Name: _____

List organizations/activities in which you are currently involved:

1. School Organizations/Activities:

2. Community Organizations/Activities:

3. Other:

If you work, please identify where you work and your responsibilities at your place of employment:

Please list all schools (colleges, universities and/or technical schools) you have applied to and identify which schools have sent you a letter of acceptance.

School

Letter of Acceptance?

Have you been offered other scholarships or grants?

If yes, please list each:

What is your expected major or program focus?

Essay:

On a separate sheet of paper, write an essay on the topic, “An Obstacle that I Overcame”. Your essay should include a challenge that you faced and how you worked hard to successfully overcome that difficulty. Your essay will be evaluated on your story, language mechanics, coherence, unity, clarity of expression, and appearance.

YOUR ESSAY MUST BE ONE TYPED PAGE

Recommendations:

In a sealed envelope, please provide two letters of recommendation. The Pupil Personnel Worker assigned to your high school must write one letter. A teacher, counselor, minister, employer, or any responsible adult other than a relative can write the other letter.

Please be advised that names and pictures of recipients of the MAPP scholarship may be used in future publications/communications (PPW directory, local newspapers, BOE presentations, MAPP conferences etc.). Your signature below indicates your acknowledgement and approval of this.

The following signatures are required for application consideration:

Submitted By: _____

APPLICANT

PARENT / GUARDIAN

PUPIL PERSONNEL WORKER

COMPLETE APPLICATION MUST BE RECEIVED BY: APRIL 12th 2024.

Please mail or email applications to: Maryland Association Pupil Personnel
PO BOX 753
Arnold, MD 21012

OR

Email: themappassociation@gmail.com

Pupil Personnel Worker Only:

Your signature above verifies that this student is on track to graduate in 2024.

Are you a member of MAPP? Yes _____

No _____

Date received by MAPP: